

State Use Only
 Postmark Date _____
 Ck. Amt \$ _____
 Affiliation Form _____
 Complete Form _____
 Top Honor Form _____

DISTRICT STAR EVENT REGISTRATION FEE SUMMARY

Chapter Name _____

Adviser's Name _____

Phone Number (School) _____ (Home) _____

Adviser E-mail _____

* Total number of participants in
 Illustrated Talk (each person in
 an individual or team event) _____ x \$3.00 = \$ _____

* Total number of participants in
 Job Interview _____ x \$3.00 = \$ _____

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TOTAL NUMBER OF PARTICIPANTS _____	TOTAL FEES DUE _____
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Please note:

Attach the following to this form and send to Julie Bell:

- 1) a completed copy of the official Chapter Affiliation Form
 (highlight names of all members participating in STAR Events)
- 2) a check for the total amount of District STAR Event Registration
 fees (check made payable to South Dakota FCCLA) DO NOT include
 payment for District dues, etc. in this check.
- 3) a completed copy of the District STAR Event Registration Form
- 4) a completed Top Honors District STAR Event Form

Send the following to the District STAR Event Consultant:

- 1) a completed copy of the District STAR Event Registration Form
- 2) completed registration cards for each event